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LICENSE NUN	MBER: 005800001		CITY OR TOWN AVON	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NA	AME: SHOOTER'S, IN	IC.		
DOING BUSIN	NESS A			
ADDRESS 36	E. MAIN ST			
CITY/TOWN:	AVON	STATE: MA	ZIP CODE: 02322	
MANAGER:	LEWIS MARTIN, T LINDA D.	YPE OF LICENSE: Re	estaurant CATEGORY	Y: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREM	ISES:		
ONE FLOOR,2	2 ROOMS AND A KITO	CHEN. ONE HALF CI	ELLAR AT 36 MAIN ST, AVC	ON
I hereby certify	and swear under penalt	ies of perjury that:		
1. the 1	renewed license will be	of the same type for the	e same premises now licensed;	
2. the l	licensee has complied w	ith all laws of the Com	monwealth relating to taxes; an	d
3. the 1	premises are now open f	or business (If not exp	lain below)	
SIGNED BY	Individual, Partr	ner or Authorized Corp		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Social	
Acts of 2004, s	signed by the building	inspector and the hea	ne certificate required by Cha nd of the fire department for t urance required by Chapter 1	he above
Please Check Belo	<u>w:</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	
DATE:				
	DENEWAL MIJOT DE EILES DE	VIICENCEEC DIDING THE A	MONTH OF NOVEMBER (M.C.L. Ct. 120	\$ 16A)
AFFLICATION FOR	VENEWAL MOST BE LITED B	i picensees daking the v	MONTH OF NOVEMBER (M.G.L. Ch. 138	φ 10A)



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 005800002		CITY	OR TOWN	AVON	
APPLICATION FO	R RENEWAL:	Annual	_	LICEN	SED FOR 20	013
		CLASS	;			YEAR
LICENSEE NAME:	: JEFFREY M. SIN	KIEWICZ				
DOING BUSINESS	S A SLAP-SHOTZ F	AMILY SPORT	S PUB			
ADDRESS 039-43	EAST MAIN ST					
CITY/TOWN: AV	ON	STATE:	MA Z	IP CODE:	02322	
MANAGER:	TY	PE OF LICENSI	E:Restauran	t C	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADI	DRESS		-
	LICENSED PREMI					
ONE STORY BLDO STORAGE IN BAS	G WITH ONE MAIN EMENT	I ROOM,ONE A	.DJOINING	FROOM,KIT	CHEN WITH	I
I hereby certify and	swear under penalties	s of perjury that:				
1. the renev	ved license will be of	the same type for	or the same j	premises now	licensed;	
	see has complied with			_	o taxes; and	
3. the prem	ises are now open for	business (If not	explain belo	ow)		
SIGNED BY	Individual, Partne	r or Authorized (	¬ornorate ∩	fficer		
	marviduai, i artiici	of Authorized	sorporate O	THECH		
DATE:	TELEBIION	IE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER
	TELEFHON	NE NUMBER.			dividual Social So	
Acts of 2004, signe	ed, attest that we are ed by the building in (2) the certificate of	spector and the	head of the	e fire depart	ment for the	above
Please Check Below:			LOG	CAL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
						<u></u>
DATE:						
DATE.						



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LICENSE NUMBE	ER: 005800003		CITY OR TO	IWN AVON	
APPLICATION FO	OR RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: AVON POST #889	2 V.F.W. INC.			
DOING BUSINES	S A				
ADDRESS 263 EA	AST MAIN STREET				
CITY/TOWN: AV	VON	STATE: MA	ZIP COD	E: 02322	
MANAGER: PA	PP, MILDRED D.TYP	E OF LICENSE: V	eterans club	CATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMIS	ES:			
	ICRETE BLACK STR THESE ROOMS BEIN				
I hereby certify and	swear under penalties	of perjury that:			
1. the rene	wed license will be of t	he same type for th	e same premises	s now licensed;	
2. the licer	nsee has complied with	all laws of the Con	nmonwealth rela	ting to taxes; and	
3. the pren	nises are now open for l	ousiness (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer		
DATE:			EMDI	OYER IDENTIFICAT	CION NUMBER.
DATE.	TELEPHONI	E NUMBER:		OTER IDENTIFICATE  OT Individual Social S	
Acts of 2004, sign	ned, attest that we are ed by the building ins d (2) the certificate of	pector and the hea	ad of the fire de	epartment for the	above
Please Check Below:	7		LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
(II disapproved exp	·/				
DATE:					
APPLICATION FOR REN	EWAL MUST BE FILED BY LI	CENSEES DURING THE	MONTH OF NOVEM	BER (M.G.L. Ch. 138 \$ 1	6A)



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LICENSE NUMBER: 005800004	(	CITY OR TOWN	AVON	
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: AVON'S GENERATIONS DOING BUSINESS A GENERATIONS	•			
ADDRESS 81 MEMORIAL DR.				
CITY/TOWN: AVON	STATE: MA	ZIP CODE:	02322	
MANAGER: SILVER, ADAM TY	PE OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION OF LICENSED PREMI ONE FLOOR AND BASEMENT, 5 ROO FOR STORAGE. 30X60 ADDITION TO ENTRANCE 30x60 addition to food area	OMS ON STREET FLO D FOOD AREA. 40X50			
I hereby certify and swear under penalties	s of perjury that:			
1. the renewed license will be of	the same type for the s	ame premises now	licensed;	
2. the licensee has complied with		_	o taxes; and	
3. the premises are now open for	business (If not explain	n below)		
SIGNED BY				
Individual, Partne	r or Authorized Corpora	ate Officer		
DATE: TELEPHON	NE NUMBER:		RIDENTIFICAT	
		(Note: NOT Ind	lividual Social So	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head	of the fire departi	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:		-		



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LICENSE NUMBER: 00	)5800006		CITY	OR TOW	/N AVON	
APPLICATION FOR R	ENEWAL:	Annual		LIC	ENSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME: JA	ANET A. ASHTO	ON-GEISS				
DOING BUSINESS A	BLANCHARD'S	TAVERN				
ADDRESS 98 NORTH	MAIN ST.					
CITY/TOWN: AVON		STATE: N	AA ZII	P CODE:	02322	
MANAGER:	TY	PE OF LICENSE	Restaurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR W	EBSITE AND ENTER YO	OUR EMAIL ADDR	RESS		
DESCRIPTION OF LIC						
1ST FLR;5 ROOMS, TA FLR; 4 ROOMS, 3 PAR						OM. 2ND
I hereby certify and swe						
1. the renewed	license will be of	the same type for	r the same pr	remises n	ow licensed;	
2. the licensee h	nas complied with	n all laws of the C	Commonweal	lth relatin	ng to taxes; and	
3. the premises	are now open for	business (If not	explain belov	w)		
SIGNED BY						
lı	ndividual, Partne	r or Authorized C	Corporate Off	icer		
DATE:			Į	EMPLO	WED IDENTIFICATI	TOWN THE COLOR
DATE.	TELEPHON	IE NUMBER:	(1		YER IDENTIFICATING Individual Social S	
			`			
We the undersigned, a Acts of 2004, signed by named license and (2) of 2010.	the building in	spector and the	head of the	fire depa	artment for the	e above
Please Check Below:			1.00	AL LICE	NICINIC ALITH	ODUTY
APPROVED:			By:	AL LICE	ENSING AUTH	ORITI
DISAPPROVED:			Dy.			
(If disapproved explain)						
DATE.						
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 005800009		CITY OR TOWN	AVON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: A-1 NIVNIVA CO	ORP.			
DOING BUSINESS	S A A-1 MARKET				
ADDRESS 85 EAS	T MAIN STREET				
CITY/TOWN: AV	ON	STATE: MA	ZIP CODE:	02322	
MANAGER: PA	ΓEL, PINAKIN TY	PE OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	SES:			
ONE FLOOR VAR	IETY STORE WITH	STORAGE IN REA	R OF FIRST FLOOI	3	
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renev	wed license will be of	the same type for the	same premises now	licensed;	
2. the licen	see has complied with	n all laws of the Com	monwealth relating to	taxes; and	
3. the prem	ises are now open for	business (If not expl	ain below)		
SIGNED BY					
	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	INC AUTHO	NDITY
APPROVED:			LOCAL LICENS	ING AUTHO	JKII I
DISAPPROVED:			By:		
(If disapproved exp	lain)				
1	•				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 005800010		CITY OR TOWN AVON	
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR	R 2013
		CLASS		YEAR
DOING BUSIN	ME: BIG JIM'S LI IESS A EAST MAIN STRE			
CITY/TOWN:		STATE: MA	ZIP CODE: 02322	
MANAGER:		TYPE OF LICENSE: Pa	ckage Store CATEGOR	RY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION	OF LICENSED PR	EMISES:		
			ND ONE FOR STORE. 2ND T FLOOR AND ONE ON SE	
1. the r 2. the l	renewed license will licensee has complied		e same premises now licensed; monwealth relating to taxes; a ain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
Please Check Below APPROVED: DISAPPROVE			LOCAL LICENSING AU By:	THORITY
(If disapproved	explain)			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 005800011		CITY OR TOWN	AVON	
APPLICATION	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	ME: ALAN GROUP IN				
DOING BUSINI	ESS A AVON LINE BE	ER AND WINE			
ADDRESS 2 MI	EMORIAL DRIVE				
CITY/TOWN:	AVON	STATE: MA	ZIP CODE:	02322	
MANAGER: (	CURTIS, ROBERT TY	PE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMI	SES:			
A BRICK ONE	STORY BUILDING WI	TH STORAGE IN R	REAR		
I hereby certify a	and swear under penalties	s of perjury that:			
1. the re	enewed license will be of	the same type for the	e same premises now	licensed;	
2. the lie	censee has complied with	all laws of the Com	monwealth relating to	taxes; and	
3. the pr	remises are now open for	business (If not exp	lain below)		
SIGNED BY					
SIGNED D1	Individual, Partner	r or Authorized Corp	orate Officer		
DATE:	TEI EPHON	IE NUMBER:	EMPLOYER	IDENTIFICAT	TON NUMBER:
	TEELITION	E NOMBER.	(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below	<u>":</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVEI (If disapproved 6					
(11 disappioved t	Apiani)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005800012		CITY OR TOWN	AVON
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	COSTCO ATLAN	NTIC LIQUORS, INC	C.	
DOING BUSINESS	A COSTCO LIQUO	ORS		
ADDRESS 120 STC	OCKWELL DR.			
CITY/TOWN: AVO	ON	STATE: MA	ZIP CODE:	02322
MANAGER: COL	TY LINS,SHANNO	PE OF LICENSE: Pa	ckage Store C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	ISES:		
1 STORY BLOCK V ADDITION TO LIQ			E RETAIL. 2 STOR	AGE AREAS. 424 S/F
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	ved license will be of	the same type for the	e same premises now	licensed;
2. the licens	ee has complied with	h all laws of the Com	monwealth relating t	o taxes; and
3. the premi	ses are now open for	r business (If not exp	lain below)	
SIGNED BY	Individual Dames	A	anata Office	
	individual, Partne	r or Authorized Corp	orate Officer	
DATE:			EMPLOVED	A IDENTIFICATION NUMBER
DATE.	TELEPHON	NE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
				· · · · · · · · · · · · · · · · · · ·
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED: [				
(ii disappioved expli	uiii <i>)</i>			
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 005800016		CITY OR TOWN	AVON	
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	AVON FOOD	MART, INC			
DOING BUSINESS	A				
ADDRESS 17 NOR	TH MAIN ST				
CITY/TOWN: AV	ON	STATE: M	A ZIP CODE:	02322	
MANAGER: ELIA	AS, GEORGE	TYPE OF LICENSE:	Package Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION OF					
APPROX 700 FEET	OF RETAIL S	PACE. FRONT AND R	REAR EXITS. LOCA	TED IN MIN	I PLAZA
	ses are now ope	with all laws of the Co	xplain below)	to taxes; and	
DATE:	TELEP	HONE NUMBER:			TION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: [ (If disapproved explain	ain)		LOCAL LICEN: By:	SING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 005800020		CITY OR TOW	N AVON	
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	A AVON VAR				
ADDRESS 490 WES					
CITY/TOWN: AVO	N	STATE: MA	ZIP CODE:	02322	
MANAGER: BUI,	DANNY D.	TYPE OF LICENSE: Pa	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I					
1160 SQ FT THE ST COOLERS, LOTTER		'. WALK IN COOLER.' D REST ROOM.	THREE GROCER	Y AISLES SO.	DA
	_	with all laws of the Com n for business (If not exp	-	g to taxes; and	
0101122 2 1	Individual, Pa	rtner or Authorized Corp	oorate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 00580	00021	CITY OR TOWN AVON	
APPLICATION FOR RENI	EWAL: Annual	LICENSED FOR 2	.013
	CLASS		YEAR
LICENSEE NAME: Wine DOING BUSINESS A Win			
ADDRESS 33 Wales Ave			
CITY/TOWN: AVON	STATE: MA	ZIP CODE: 02322	
MANAGER: Arico, Mich	ael TYPE OF LICENSE: P	ackage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE A	LSO VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICEN	SED PREMISES:		
7200 sq ft, office area, ware	house, storage area and receiving	g dock	
3. the premises are SIGNED BY	now open for business (If not exp		
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NUMBER: 005800022			CITY OR TOWN AVON		
APPLICATIO	ON FOR RENEWAL:	Annual	LICENSED FOR	2013	
		CLASS		YEAR	
LICENSEE N	AME: SULAMITA	FIGUEIREDO			
DOING BUSI	NESS A MAINHA, I	RESTAURANT			
ADDRESS 16	60 MEMORIAL DRIV	/E			
CITY/TOWN	: AVON	STATE: MA	ZIP CODE: 02322		
MANAGER:	FIGUEIREDO, SULAMITA	TYPE OF LICENSE: Re	estaurant CATEGORY	: Wine and Malt Regular	
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	CMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED PR	EMISES:			
TABLES W/ I FAMILY RES 252.810 SQ F	BOOTH CHAIRS SE. STROOM AND A STO T, EXIT DOOR EMP	ATING 24. 58.493 SQ FT ORAGE AREA WITH 39 LAYEES RESTROOM.	SPLAY AREA .DR# 2 353.941 OF HALLWAY LEADING TO .206 SQ. FT. KITCHEN AREA	O A	
I hereby certify	y and swear under per	nalties of perjury that:			
		7.5	e same premises now licensed;		
	•		monwealth relating to taxes; and	1	
3. the	premises are now ope	en for business (If not expl	lain below)		
SIGNED BY		artner or Authorized Corpo	orate Officer		
DATE:			EMDLOVED IDENTIFIC	ATION NUMBER.	
DATE.	TELEP	PHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social		
			(2.555) <u>2.52</u> Maryidda boeld	i security Trumber)	
Acts of 2004,	signed by the buildi	ng inspector and the hea	ne certificate required by Chaj d of the fire department for th urance required by Chapter 1	ne above	
Please Check Bel	low:		LOCAL LICENSING AUT	HORITY	
APPROVED:			By:		
DISAPPROV					
(If disapprove	d explain)				
DATE:					
<i>ν</i> , 11 <i>ι</i> ,					